



Industry Services Division
P. O. Box 2658
Madison, Wisconsin 53701-2658
TTY Contact Through Relay
<http://www.dsps.wi.gov>

Agent Application Form
Fire Protection System Plan Review
As authorized in S 101.02(5)(6), Stats.

Municipality: _____

Plan Review Delegation Requested: Fire Alarms Fire Sprinklers Special Hazards

Plans to be Reviewed by: _____ Building Department
_____ Fire Department FDID: _____
_____ Other: _____

Address: _____

Contact Person: _____ Phone: _____

E-Mail: _____ Fax: _____

Title and Name of Individual(s)

Performing Plan Reviews: _____

Qualifications/Credentials: _____

Intended date to assume plan review responsibility: _____

Highest Elected Official

Title and Name: _____ Phone: _____

Address: _____

E-Mail: _____ Fax: _____

Comments: _____

Highest Elected Official Signature: _____ Date: _____